

CERTIFICATE OF ASSUMED BUSINESS NAME

CERTIFICATE	SS NAME de, the undersigned ed Business Name. Y. Defore filling.
ASSUMED BUSINE	SS NAME
ruisuant to Section 53-504 Idaha Cad	de, the undersigned
a certificate of Assume	ed Business Name.
Please type or print legible	Σ .
NOTE: See instructions on reverse b	pefore filing.
1 Th	CARREL OF
 The assumed business name which the business is: 	undersigned use(s) in the transaction of
Budget Lawn Care	
Dage Kawn Care	
2. The true name(s) and business address (
 The true name(s) and <u>business</u> address(abusiness under the assumed business named) 	es) of the entity or individual(s) doing
Name	ine.
Roll TEVI	Complete Address
MILMARY V. JMITA	4211 East County Line Road, Righy, Telpho
	Meta, Nisha, Islaho
	83442
2 The	
3. The general type of business transacted i	under the assumed business name in
, , , , , , , , , , , , , , , , , , ,	
Retail Trade Transportation	on and Public Utilities
Wholesale Trade Construction	n
Services Agriculture	Crabina 11 Co. 115
	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	e Name and \$20.00 fee to:
	g
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
Budget Law Care	Basement West
411 5 C. 11 1 1 0	PO Box 83720
D. County Line Road	Boise ID 83720-0080 208 334-2301
Rigby, 145hc 83442	200 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above).	ent Phone number (optional):
t y to the small # 4 above).	208-529-2224
	Secretary of State use only
	- 2
gnature:	Tuge
	1/200:
inted Name: Richard J. Smith	IDAHO SECRETARY OF STATE Sevised 01/2001 Benised 01/2003 CK: 3430 CT: 158616 BH: 658462 1 0 20.00 = 20.00 ASSUM MANE # 2
	CK: 3430 CT: 150016 BH: 65A462
	29.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	ι σι

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